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7

8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA
10 SAN JOSE
11

12 CHRISTINE GILMOUR,
13 Plaintiff,

14 vs.

15 AETNA LIFE INSURANCE
16 COMPANY; CIRCUIT CITY
STORES, INC. LONG TERM
17 DISABILITY PLAN,
18 Defendants.

CASE NO: C08-02803 RS

[Hon. Richard Seeborg]

PROOF OF SERVICE OF SUMMONS
AND COMPLAINT VIA CERTIFIED
MAIL RETURN RECEIPT
REQUIRED PURSUANT TO
CALIFORNIA CODE OF CIVIL
PROCEDURE SECTION 415.40 AS
ADOPTED UNDER F.R.C.P. RULE
4(h)(1)

19 Complaint Filed: June 5, 2008
20
21

22 I, Peter S. Sessions, hereby declare that on June 9, 2008, my assistant,
23 Tinee Parell, served Defendant Circuit City Stores, Inc. Long Term Disability Plan,
24 with the Summons, Complaint, Notice of Interested Parties, Civil Cover Sheet, Order
25 Setting Initial Case Management Conference & ADR Deadlines, USDC - Northern
26 District - San Jose Division Guidelines, Consenting to a Magistrate Judge's
27 Jurisdiction in the Northern District of California and Public Notice re Magistrate
28 Judge Ricahrd G. Seeborg, pursuant to California Code of Civil Procedure section

415.40 as allowed for and adopted under F.R.C.P. Rule 4(h)(1), by mailing said documents to the above-named Defendant at 9954 Mayland Drive, Richmond, VA 23233, via first class mail, with postage prepaid and requiring a return receipt. Service shall be deemed complete on the tenth day after this mailing.

I declare the above under the penalty of perjury under the laws of the United States of America. Executed this 17th day of June, 2008, at Northridge, California.

/s/ Peter S. Sessions

Peter S. Sessions
Attorneys for Plaintiff
CHRISTINE GILMOUR

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Peter S. Sessions</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-12-08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: PLAN ADMINISTRATOR CIRCUIT CITY STORES, INC. LONG TERM DISABILITY PLAN 9954 MAYLAND DRIVE RICHMOND, VA 23233</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7007 2560 0001 7837 4227</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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